HIGHLAND HEALTH CARE

2997 ST. ANTHONY DRIVE									
GREEN BAY 54311 Phone: (920) 468-0734			mership:		С	Corporation			
Operated from 1/1 To 12/31 Days of Operation: 365			ghest Level	l License:	S	Skilled			
Operate in Conjunction with Hospital? No			erate in Co	onjunction with	CBRF? N	No			
Number of Beds Set Up and Staffed	48 Ti	tle 18 (Med	dicare) Certifie	∍d? Y	Yes Yes				
Total Licensed Bed Capacity (12/31/	56 Ti	tle 19 (Med	dicaid) Certifi	ed? Y					
Number of Residents on 12/31/02: 36			Average Daily Census: 42						
*********	******	*****	*****	*****	******	* * * * * * * * * * * * * * * * * * * *			
Services Provided to Non-Residents	Age, Se	x, and Primary Di	agnosis of	Residents (12/	31/02)	Length of Stay $(12/31/02)$			
	1								
Home Health Care						Less Than 1 Year			
Supp. Home Care-Personal Care	- '			'					
Supp. Home Care-Household Services	No Develop	mental Disabiliti	.es 0.0	Under 65	13.9	More Than 4 Years			
Day Services	No Mental	Illness (Org./Psy	7) 47.2	65 - 74	11.1				
Respite Care	No Mental	Illness (Other)	16.7	75 - 84	38.9	1			
Adult Dan Cana	Na 71 aaba1	5 Others Dames 7 less	0 0		27 0				

30.6 58.3 11.1 Adult Day Care

Method of Reimbursement

Private Family Managed (Title 18) (Title 19) Other Pay Care Care Per Per Diem Diem Per Per Diem Diem Per Per Per Diem Diem Diem Resi- Of Level of Care No. % (\$) dents All Int. Skilled Care 0 0.0 0 0 0.0 0 0.0 0 0.0 0.0 0.0 0.0 Skilled Care 2 100.0 231 27 90.0 112 0.0 4 100.0 146 0.0 0.0 0 33 91.7 --- --- 3 10.0 93 0 0.0 0 0 0.0 Intermediate 0.0 0 0 0.0 3 8.3 0.0 0 0 0.0 Limited Care 0.0 0.0 0.0 0.0 0.0 0.0 0 0 0.0 0 0 0.0 0 Personal Care 0.0 Residential Care --- ---0.0 0 0 0.0 0 0 0.0 0 0.0 0.0 0 0 0.0 Dev. Disabled --- -- 0 0.0 0 0.0 0 0.0 0 0.0 0 0 0.0 0 0.0 0 0 0.0 Traumatic Brain Inj 0 0.0 0 0.0 0 0 0.0 0 0 0.0 0 0.0 0 0.0 0.0 Ventilator-Dependent 0 0.0 0 0.0 0 0 0.0 0 0 0.0 0 0 0.0 0.0 0 0.0 Total 2 100.0 30 100.0 0.0 4 100.0 0.0 36 100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
					% Needing		Total		
Percent Admissions from:		Activities of	%	As	sistance of	2	Number of		
Private Home/No Home Health	18.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	6.6	Bathing	2.8		33.3	63.9	36		
Other Nursing Homes	6.6	Dressing	11.1		38.9	50.0	36		
Acute Care Hospitals	68.9	Transferring	36.1		38.9	25.0	36		
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.8		36.1	36.1	36		
Rehabilitation Hospitals	0.0	Eating	36.1		50.0	13.9	36		
Other Locations	0.0	******************************							
Total Number of Admissions	61	Continence		용	Special Treatr	ments	8		
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Re	espiratory Care	2.8		
Private Home/No Home Health			nt of Bladder	69.4	Receiving Tr	racheostomy Care	0.0		
Private Home/With Home Health	21.1	Occ/Freq. Incontiner	nt of Bowel	41.7	Receiving Su	actioning	0.0		
Other Nursing Homes	11.3				Receiving Os	stomy Care	0.0		
Acute Care Hospitals	15.5	Mobility			Receiving Tu	ube Feeding	0.0		
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.8	Receiving Me	echanically Altered Diets	19.4		
Rehabilitation Hospitals	0.0	1			_	_			
Other Locations	12.7	Skin Care			Other Resident	Characteristics			
Deaths	23.9	With Pressure Sores		0.0	Have Advance	e Directives	88.9		
Total Number of Discharges		With Rashes		5.6	Medications				
(Including Deaths)	71				Receiving Ps	sychoactive Drugs	61.1		
-					-	-			

Serected States of the Facility Compared to his Similar necessarian filed Facilities a Compared to his facilities

	This Facility	Ownership: Proprietary Peer Group		Bed Size: 50-99 Peer Group		Licensure: Skilled Peer Group		All Facilities	
	90	%	Ratio	양	Ratio	00	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73.7	84.7	0.87	87.1	0.85	85.3	0.86	85.1	0.87
Current Residents from In-County	83.3	81.6	1.02	81.5	1.02	81.5	1.02	76.6	1.09
Admissions from In-County, Still Residing	14.8	17.8	0.83	20.0	0.74	20.4	0.72	20.3	0.73
Admissions/Average Daily Census	145.2	184.4	0.79	152.3	0.95	146.1	0.99	133.4	1.09
Discharges/Average Daily Census	169.0	183.9	0.92	153.5	1.10	147.5	1.15	135.3	1.25
Discharges To Private Residence/Average Daily Census	61.9	84.7	0.73	67.5	0.92	63.3	0.98	56.6	1.09
Residents Receiving Skilled Care	91.7	93.2	0.98	93.1	0.98	92.4	0.99	86.3	1.06
Residents Aged 65 and Older	86.1	92.7	0.93	95.1	0.91	92.0	0.94	87.7	0.98
Title 19 (Medicaid) Funded Residents	83.3	62.8	1.33	58.7	1.42	63.6	1.31	67.5	1.24
Private Pay Funded Residents	11.1	21.6	0.52	30.0	0.37	24.0	0.46	21.0	0.53
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	63.9	29.3	2.18	33.0	1.93	36.2	1.77	33.3	1.92
General Medical Service Residents	16.7	24.7	0.67	23.2	0.72	22.5	0.74	20.5	0.81
Impaired ADL (Mean)	57.8	48.5	1.19	47.7	1.21	49.3	1.17	49.3	1.17
Psychological Problems	61.1	52.3	1.17	54.9	1.11	54.7	1.12	54.0	1.13
Nursing Care Required (Mean)	3.5	6.8	0.51	6.2	0.56	6.7	0.52	7.2	0.48